

## TACTICAL RESPONSE REPORT/Chicago Police Department

10/24 10/9/16

1. DATE OF INCIDENT <b>08-OCT-2011</b>		TIME <b>17:22:00</b>		2. ADDRESS OF OCCURRENCE <b>1 [REDACTED]</b>			3. LOCATION CODE <b>123</b>		4. BEAT/OCCUR <b>0533</b>			
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>ARELLANO</b>	7. FIRST NAME <b>JASON</b>		8. STAR NO. <b>15598</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>[REDACTED]</b>	12. HT. <b>508</b>	13. WT. <b>175</b>		
	14. DATE OF APPT. <b>16-DEC-2009</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>005 0532</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME <b>UNKNOWN</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>	23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>[REDACTED]</b>	25. D.O.B. <b>[REDACTED]</b>	26. HT. <b>[REDACTED]</b>	27. WT. <b>[REDACTED]</b>		
	28. ADDRESS <b>CHICAGO, IL</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>			34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <b>[REDACTED]</b>			37. CB NO. <b>[REDACTED]</b>	IR NO. <b>[REDACTED]</b>
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		38. DNA <input type="checkbox"/>		38. DNA <input type="checkbox"/>		38. DNA <input type="checkbox"/>		38. DNA <input type="checkbox"/>		38. DNA <input type="checkbox"/>	
	SUBJECT'S ACTIONS		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		ASSAULT: DEADLY FORCE	
MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <b>[REDACTED]</b>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		OTHER <b>[REDACTED]</b>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
CASE INFO.	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
SIGNATURES	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>	
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
72.	CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
70. EVENT NO.	OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
	OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
71. RD. NO.	OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
	OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>	
40. ADDITIONAL INFORMATION <b>TASER MISSED OFFENDER AND OFFENDER MADE GOOD HIS ESCAPE ON FOOT.</b>												
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER												
42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors												
43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial												
44. WEATHER CONDITIONS <b>CLEAR</b>												
45. MAKE/MANUFACTURER												
46. MODEL												
47. BARREL LENGTH												
48. CALIBER/GAUGE												
49. TASER DART ID NO. <b>X00062599</b>												
50. WEAPON SERIAL No. (Include Letters) <b>X00062599</b>												
51. CHICAGO GUN REG. NO.												
52. IL FIREARM OWNER ID. NO.												
53. HANDGUN CERTIFICATE NO.												
54. SPECIAL WEAPON CERTIFICATE NO.												
55. PROPERTY INVENTORY NO.												
56. TYPE OF AMMUNITION USED												
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>												
58. TOTAL NO. OF SHOTS MEMBER FIRED												
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)												
60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
61. NO. OF CATRDRIGES/ SHOT SHELLS RELOADED												
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)												
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)												
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD												
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)												
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN												
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name) <b>ARELLANO, JASON</b> <b>08-OCT-2011 19:48:37</b>												
STAR/EMPLOYEE NO. <b>15598</b>												
SIGNATURE <b>[REDACTED]</b>												
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
74. REVIEWING SUPERVISOR (Print Name) <b>FORGUE, RONALD D</b>												
STAR NO. <b>1600</b>												
SIGNATURE <b>[REDACTED]</b>												
DATE REVIEWED <b>08-OCT-2011 19:51:39</b>												
TIME <b>08-OCT-2011 19:51:39</b>												

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

No subject in custody.

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the available evidence Reporting Captain finds the member acted within Departmental guidelines. Reporting Captain obtained the listed log number from Johnson #103906 at IPRA.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1049160 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

O DONNELL, JAMES C

SIGNATURE

DATE COMPLETED TIME

08-OCT-2011 20:14:51

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT  
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT  
☐ OFFICER BATTERY REPORT  
☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT  
☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

1